Navigator and Enrollment Advisory Committee Meeting Minutes

October 12, 2011
3:00 p.m. – 6:00 p.m.
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

The materials presented in the meeting are listed on the Maryland Health Benefit Exchange, Navigator and Advisory Committee webpage:
http://dhmh.maryland.gov/healthreform/exchange/AdvComm/mtg-nav-enroll.html

Members Present

Toby Gordon (Co-Chair)
Jennifer Goldberg (Board Liaison)
Nancy Bond
Stephanie Cohen*
Christopher Culotta
Michael Cumberland
Cynthia Demarest*
Jay Duke
Leigh Cobb (Co-Chair)
Thomas Grote
Richard Reeves*
Alma Roberts
Jan Ruff
Deborah Trautman
Cassandra Umoh
Ellen Weber

Members Absent

Floyd Hartley
Mary Lou Fox
Yngvild Olsen

Opening Remarks and Updates and Approval of Meeting Notes

The Co-Chairs welcomed Advisory Committee (Committee) members and attendees. Marie Grant, staff to the Committee, provided an overview of the meeting agenda, noting that Weber Schandwick would present their approved workplan for the Public Relations and Advertising Study while Manatt Health Solutions (Manatt) would present findings from key informant interviews and a landscape scan for the Navigator study. Ms. Grant provided an update on activity from the other Committees. She noted that the next meeting would be October 24, 2011, at 2 p.m.—with Manatt presenting their options development and Weber Schandwick presenting the results of their environmental scan and market analysis. The October 24th meeting will be at the University of Maryland, Baltimore County (UMBC) Tech Center.

*Participated in meeting through teleconference.

Ms. Grant provided an update on the work of the other Committees. The Finance and Sustainability Advisory Committee had its initial meeting, which included logistics and initial discussions with their study vendor, Wakely Consulting. Their first substantive meeting was also held on the same day as this Committee (October 12). Regarding the Small Business Health Options Plan (SHOP) Advisory Committee, at the most recent meeting on Sept. 27, an actuary from CareFirst BlueCross BlueShield outlined adverse selection, and the study vendor, the Institute for Health Policy Solutions, gave a presentation on the various ways the SHOP Exchange could allow employers to offer coverage to their employees. The Operating Model and Insurance Rules Advisory Committee met on October 3, 2011, and discussed plan selection, certification process, and general competitiveness. They will have breakout sessions today and receive a presentation from Wakely on the options for certification of plans.

After suggested corrections, the Committee approved the September 26, 2011, meeting minutes.

Presentation on Work Plan for Public Relations and Advertising Study – Weber Schandwick

Charles Fitzgibbon and Kevin O'Keefe gave a presentation on the approved workplan for the Public Relations and Advertising study. Their workplan would encompass audience segmentation and analysis, such as how employers and employees think and proceed on the issue of insurance. In addition, it would cover attitudinal awareness, such as the tendencies individuals display when considering their health insurance options.

Mr. Fitzgibbon commented that the composition of their team includes members of their Boston office, who were involved with initiating the advertising and outreach mechanisms associated with Massachusetts Connector. There were a series of Maryland-specific focus groups conducted in fall 2010 that culminated in a white paper noting various communication issues, such as the media habits of the uninsured. Mr. O'Keefe explained how this survey showed an uninsured registered low readership (i.e., newspapers and magazines) but high usage of global (digital) media. Mr. O'Keefe noted the steps to filling information gaps, either through formal research channels or secondary research. It was emphasized that although their team is well versed in the Massachusetts experience, successes in one state do not necessarily become successes in another.

In response to a question about budgetary parameters, Mr. O'Keefe noted that each option will (1) have estimated budget costs and (2) be presented in priority. They noted how critical sponsorships and partnerships are in enhancing the program and funding the outreach. In outlining proposed partnerships with organizations, Mr. Fitzgibbon noted that faith-based organizations (as well as other existing outreach partnerships) are emphasized in research. In addition, they anticipate encouraging providers to participate in the communication process. Mr. Fitzgibbon noted that future analytic work, as needed, is included in their contract. He anticipates working with the Governor's Office of Health Care Reform during the process. Mr. O'Keefe noted how there will be varying needs of the populations (uninsured young adults vs.

vulnerable populations). The execution part of the approach would have to reflect the different needs.

Their work would outline the effort required in year 1, going forward. They concluded by commenting that their environmental scan would assist in assessing information gaps. Their final report would include options on how to fill those information gaps.

Presentation on Findings from Key Informant Interviews for Navigator Study – Manatt Health Solutions

Sharon Woda provided an overview of their presentation, noting that the purpose was to validate findings from the key informant interview process to Committee members. She commended the Committee and attendees for providing input given the time constraints. Ms. Woda provided an overview of Medicaid and commercial markets, stating that the largest shift to the Exchange could be the small group market, with an estimated 428,000 individuals. In addition, she noted that the scope of outreach for the Navigator may not be tied exclusively to health care. Rather, it could involve outreach of public assistance programs like Temporary Assistance for Needy Families (TANF) and Supplemental Nutritional Assistance Program (SNAP). Ms. Woda noted that the final report would be delivered on November 3, 2011, to allow for advanced review by the Committee before the meeting on November 7, 2011.

Melinda Dutton provided an overview of the options development process. She said that the October 12 and October 24 Committee meetings would involve discussion of options raised by stakeholders (through in-person discussion and public comment). Ms. Dutton emphasized that the Committee's task was to provide the Exchange Board with options, not recommendations. Ms. Dutton noted that the options are not mutually exclusive in many instances. In addition, it was noted that the Navigator would not be functioning in a realm of unlimited resources.

Regarding the Navigator Program, Ms. Dutton noted the overarching points of consensus from the key informant interview process and public comments—such as the Affordable Care Act (ACA) requirements of Navigators are a minimum, the Navigator Program should build on or enhance existing infrastructure and relationships, Navigators must receive training (at a minimum, must have knowledge of the Exchange), and Navigators must be paid for their services in a way that ensures the success of the Exchange. There was discussion over the length of the open enrollment period compared to the processes of Medicare Part D. In addition, Committee members discussed the possible inclusion of care coordination as a component of the Navigator role. The Committee agreed that one of the principal goals of the Navigator is to keep individuals enrolled, while the health plans would encompass care coordination, given new initiatives in Maryland like the Patient-Centered Medical Home (PCMH), initiated by the Maryland Health Care Commission (MHCC) and CareFirst's Primary Care Medical Home. The

following were comments per Navigator function category (training, certification/licensure, oversight and enforcement, and compensation).

Training

Committee members agreed that some form of basic training is required. They noted that defining the training needs is difficult while defining the functions of the Navigator. It was mentioned that the various populations that will need navigator services will make it difficult to have a uniform navigator standard, such as requiring all possible Navigators to be an expert in all competencies.

Certification

There was extended discussion regarding the certification process and standards. Committee members agreed that it would depend on whether it was a sale or advice of health insurance, or enrollment assistance. Committee members noted the ACA language refers to the Navigator "facilitating" enrollment. An example about community groups desiring to become Navigators was provided. Community groups could not be involved in the selection of an insurance product without being licensed on the same level as brokers. It was noted that because those groups are mainly involved in Medicaid- or CHIP-eligible populations, the role would be closer to a Medicaid enrollment broker. Committee members agree that because the ACA specifically calls for the Navigator to "facilitate" enrollment, there are complications because that role would involve elements of both community groups and brokers. Committee members emphasized the importance of outlining the desired outcome or deliverable for a Navigator. This is not only for compensation, but for clarifying the scope of work for a Navigator.

Oversight and Enforcement

Ms. Dutton noted the consensus that oversight and enforcement are highly contingent on Navigator Program model and functions. In addition, she noted the importance of the IT systems deployed to assist Navigators, such as the ability to track performance metrics. Committee members noted that the impetus on improving IT infrastructure to support Navigators is a good opportunity to revisit Maryland's current enrollment and eligibility operating system.

Compensation

Ms. Dutton noted the consensus that navigator compensation must be (1) structured to minimize the risk of steering away from the Exchange and (2) designed to avoid increased costs to consumers or small businesses. In addition, private markets and publicly funding programs would continue to exist alongside Navigators. Committee members discussed existing models, such as receiving a per-contract per-month or per-completed application fee. There was discussion about whether a navigator grantee could also receive a commission for their services. Committee members discussed the possibility of simulation modeling to provide a baseline on various compensation models.

Priorities and Next Steps

Ms. Dutton provided an overview of the key informant interview process, with more comprehensive options being presented at the October 24, 2011 meeting. In addition, she noted that they would build in time to include a discussion on conflicts of interest. Ms. Dutton reiterated that the final report would be submitted to the Committee on November 3, 2011.

Public Testimony

Dr. David Mann from the Office of Minority Health, Maryland Department of Health and Mental Hygiene (DHMH), provided testimony concerning the composition of the uninsured population. He noted that roughly three-fifths of uninsured adults in Maryland are of racial/ethnic minorities. As such, he emphasized that any devising or implementation of outreach mechanisms must involve those racial/ethnic minorities. He referenced the Tuskegee experiment, noting that outreach methods performed by individuals who make up the target population are more effective at explaining health literacy and surpassing language and trust chasms. Dr. Mann suggested the inclusion of cultural competencies to the minimum training requirements.

Dr. Mann noted the possibility of creating a two-layer process of the Navigator function, such as a Level 1 Navigator performing the outreach function, who then refers the individual to a Level 2 Navigator (health insurance expert) to advise and assist in selecting a plan. From this, he stressed the importance of a team-based approach composed of Navigators from diverse backgrounds. Dr. Mann concluded by noting that the study vendors and Committees would work closely with the Office of Minority Health at DHMH in outreach and education efforts.